

State Form: Revisit Report

(Y1) **Provider / Supplier / CLIA / Identification Number** AL11910969
(Y2) **Multiple Construction**
A. Building
B. Wing
(Y3) **Date of Revisit** 8/4/2015

Name of Facility JESUS OF NAZARETH ALF, INC
Street Address, City, State, Zip Code 2801-2803 SW 37TH COURT
MIAMI, FL 33134

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0025	Correction Completed 08/04/2015	ID Prefix A0032	Correction Completed 08/04/2015	ID Prefix A0053	Correction Completed 08/04/2015
Reg. # 429.26(7) FS: 58A-5.0182(1) LSC		Reg. # 58A-5.0182(8) FAC LSC		Reg. # 58A-5.0185(4) FAC LSC	
ID Prefix A0079	Correction Completed 08/04/2015	ID Prefix A0165	Correction Completed 08/04/2015	ID Prefix	Correction Completed
Reg. # 58A-5.019(3) FAC LSC		Reg. # 429.23(1-4 & 6-10) FS: 58F LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	

Reviewed By  **Date:** 08/17/15
State Agency
Reviewed By **Date:**
CMS RO

Followup to Survey Completed on:

6/12/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 17, 2015

Administrator
Jesus Of Nazareth Alf, Inc
2801-2803 Sw 37th Court
Miami, FL 33134

Dear Administrator:

This letter reports the findings of a Standard Biennial Survey Revisit conducted on August 4, 2015 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Managr

AMD:kb
Enclosure

DT9D

